



LOST RECEIPT FORM
Providing
VERIFICATION IN ABSENCE OF ORIGINAL INVOICE / RECEIPT

I verify I received merchandise or services from the following vendor:

Vendor Name: _____

Vendor Address: _____

Date: _____

Amount: _____

Description of Goods or Services Received:

The original invoice is not available because:

I certify I have not previously requested nor received payment for this lost invoice/receipt.

Name

Date

Supervisor's Signature

Date

Attach this form to the request for reimbursement.